

Case Number:	CM14-0018762		
Date Assigned:	02/21/2014	Date of Injury:	03/25/2011
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old male who reported an injury on 03/25/2011. The mechanism of injury was not provided in the documentation submitted. Within the clinical note dated 05/28/2013 the provider indicated the injured worker finished his fourth and final Orthovisc injection on 04/04/2013 which the injured worker reported helped. The injured worker was still having discomfort to the medial side of his knee and was experiencing buckling with walking. The injured worker also received a corticosteroid injection at that visit. Within the clinical note dated 01/22/2014, the injured worker complained of pain primarily to the medial side of the knee. He reported his knee was stiff in the morning until about the time he got out of the shower and then around noon or a little later, the injured worker developed pain which interfered with activities. The injured worker was status post left knee meniscal tear, micro fracture drilling, and synovectomy. Upon the physical examination, the provider noted the range of motion to the left knee was 0 to 130 degrees. The provider indicated the injured worker had mild to moderate crepitation with range of motion, significant medial joint line tenderness, and there was no palpable warmth of the synovium. The clinical note dated 02/17/2014 documented the injured worker had knee joint line tenderness with pain with positive McMurray's testing. Diagnoses included left shoulder capsulitis, lumbar L4-5 disc disease with chronic pain, left knee postoperative meniscal tear on 12/08/2011, and spastic gait referred to neurology. The provider recommended Orthovisc injections. However, a rationale was not provided for review. The request for authorization was provided and submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ORTHOVISC INJECTIONS ONE TIME A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic acid injections.

Decision rationale: The request for ORTHOVISC INJECTIONS ONE TIME A WEEK FOR FOUR WEEKS is non-certified. The injured worker complained of pain on the medial side of the knee. He reported stiffness in the morning until about noon. The injured worker reported pain interferes with his daily activities. The Official Disability Guidelines recommend hyaluronic acid injections as a possible option for patients with severe arthritis who have not responded adequately to recommended conservative treatments, exercise, NSAIDs, or acetaminophen, to potentially delay total knee replacement. The Guidelines recommend Orthovisc injections for patients who experience significant symptomatic osteoarthritis but have not responded adequately to recommended conservative non-pharmacologic and pharmacological treatments or are intolerant to these therapies including gastrointestinal problems related to anti-inflammatory medication after at least 3 months. The guidelines note patients should have documented symptomatic severe osteoarthritis of the knee including findings of bony enlargement, bony tenderness, crepitus on active motion, less than 30 minutes of morning stiffness, no palpable warmth of synovium, and over the age of 50. The Guidelines note pain should interfere with functional activities including ambulation, prolonged sitting, prolonged standing, and not attributed to other forms of joint disease. There should also be documentation indicating failure to adequately respond to aspiration and injection of intra-articular steroid. Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patella, facet joint arthropathy, osteochondritis, or patellofemoral arthritis. The guidelines note a repeat series of injection would be warranted if there is documented significant improvement in symptoms for 6 months or more, and symptoms recur. The documentation submitted indicates the injured worker previously underwent surgical intervention for a left knee meniscal tear repair. There is a lack of documentation indicating the injured worker has failed conservative non-pharmacological and pharmacological treatments. There is lack of documentation indicating the injured worker had significant improvement in symptoms for 6 months or longer. There is a lack of diagnostic imaging indicating the presence of significantly symptomatic osteoarthritis. There is a lack of documentation indicating the injured worker had significant functional improvement and decreased medication usage with the prior injections. Therefore, the request for ORTHOVISC INJECTIONS ONE TIME A WEEK FOR FOUR WEEKS is non-certified.